

## THIRD PARTY ADMINISTRATOR REPORTING FORM

Pursuant to 24-A M.R.S.A. § 1906(4), a third-party administrator must file with the Superintendent of the Maine Bureau of Insurance by April 30<sup>th</sup> the following information. For the most recent complete calendar year and for all covered individuals in the State of Maine, please indicate the total number and the total dollar amount of health (medical, dental and pharmacy) claims paid by each self-funded ERISA plan sponsor.

Only entities that have self-funded ERISA plans should be listed as plan sponsors. An administrator should **not** include as plan sponsors carriers for which it is processing fully insured claims against premiums written.

Claim or payment information on accident, annuity, disability, hospital indemnity, injury, life, long-term care, specific disease, vision coverage, workers compensation, and medical saving plans governed by the IRS (med-flex spending accounts) should **not** be included.

Please send the completed form to: (email is preferred)

Rick Bergeron

Bureau of Insurance

### #34 State House Station

Augusta, ME 04333-0034

Tel: 207.624.8439

Fax: 207.624.8599

Email: [Richard.N.Bergeron.Jr@maine.gov](mailto:Richard.N.Bergeron.Jr@maine.gov)

Report for the calendar year of:		
Third Party Administrator Name:		
Maine TPA License#:		
Address:		
City, State, Zip		,
Completed By (Name):		
Title:		
Telephone:		
Fax:		
E-Mail:		
Date Completed:		
Please check one of the following:		
<input type="checkbox"/>	No health claims as described above were paid for calendar year listed above; <b>or,</b>	
<input type="checkbox"/>	The following <b>health</b> claims as described above were paid for calendar year listed above. Complete section below:	

ERISA Plan Sponsor	Number of Claims Paid	Amount (\$) of Claims Paid
Totals		

Please use additional pages if needed.